Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Report Filed By Candidate Committee Lobbyist											
Filer Identification	201-	10040		ort Filed B	·y :	Candida	te		Committee		FORDAISE
Number C Name of Filing Commit			f ivia	rk X)	- 1				<u> </u>		
	ittee, can	cidate or	1	COON	n/	7715	- -	1	Flor f	Les FeH	e rman
Lobbyist	28 - 2		 							<u>us / 6//</u>	<u> </u>
Street Address				5	42.	<i>} (</i>	terre F	ta	nia		
City		Erie	<u> </u>			State	0.	ſ	Zip Code	16506	
_		200					12			[6308	
Type of Report (Place x	Type of Report (Place x under report type)										
1-6 th Tuesday 2- 2 nd	d Eriday	2. 20 Day Bact	1. 6th	Tuesday	5. 2 ⁿ	^d Friday	6- 30 Day P	ost	7- Annual	Special 2 nd Friday	Special 30 Day
and the second s		Primary		Election	_	Election	Election			Pre-Election	Post-Election
FIE-FILLIARY FIE-FI	I III I I I I		FICT	LICCHOIT							
			lΓ			\mathbf{X}	i []	i			
			<u> </u>		<u> </u>						
Date Of Election			Year	•			Amendmen	nt		Termination	
(MM/DD/YYYY)							Report			Report	
Summary of Receipts a	and	From Date	<u> </u>	To Date	e				For	Office Use Only	
Expenditures							:				•
	·	6-6-20	7	10-2	33-	20/7				ggan dan.	
A. Amount Brought Fo	orward Fr				<u></u>	- <u>~</u> /				9-2-	
	· · ·		'	111	97	دا،					<u>್</u> ರಾ
B. Total Monetary Con	ntribution	ns and Receipt	\$ \$	5 8.11		- 00					
(From Schedule I)				$+B_{i}$	7/53	5.00					3
C. Total Funds Availab	ole	2.8	Ş	5			1				
(Sum of Lines A and B))	Special Control		1/25	15°	2-13				<u> </u>	3 - カ・
D. Total Expenditures			Ş	5 /		CiO					
(From Schedule III)				55	17	. 89					
E. Ending Cash Balance	е		ç	5	(- 2 . i	511				777	
(Subtract Line D from Line C) 7434, 29							2 V				
F. Value of In-Kind Contributions Received \$											
(From Schedule II)			1.1		- 0		1			1512 au	,
G. Unpaid Debts and C	Obligation	ns	,	5							
(From Schedule IV)				12	7.0	٢2					
	Affidavit Section										
Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.											
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.											
Sworn to and subscribed	before me	e this				,	JIMA		A, L	/ //	
24 day of 0 4	oher	20 / 7		٠,		(14000		<u> </u>		
		1 12/1	_			_	Ş igna	ture	of Person Subn	itting report	
Knot K		in 1911	_	Ϋ́		_		54			
/ Signatu	ure	VV		ا ,					Printed Nam		
My Commission expires_	4	21 20	8	=			814			490-0528	~
iviy commission expires_	MO.	DAY YR	<u>.</u>			_	Area Code			time Telephone Numb	
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.											
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as											
amended.											
Sworn to and subscribed before me this											
Sworn to and subscribed before me this											
27 day of Uctober 29 / daha delle											
1 est Signature of Candidate											
KIME K.	1 way		_	Ì		-	Lest	٦/	1-6-	1101111	
Signati	ture /	V	0	, I					Printed Name		
My Commission expires_	4	21 26)/ X			(814		Y	34.2459	_
iviy commission expires_	MO.	DAY YR.					Area Code		Day	time Telephone Numbe	er
	<u>-</u> .								·	•	
NOTARIAL SEAL											

KRISTI K. BICKERSTAFF, NOTARY PUBLIC ERIE, ERIE COUNTY, PENNSYLVANIA MY COMMISSION EXPIRES APRIL 21, 2018

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

		_
Filer Identification Number		
THE TOETHIRESETON TRAINDER	1	
* 1	301 700 UU	
Table 1	801 /UU4U	
		_

1.Unitemized Contributions and Receipts-\$50.	00 or Less per Contributor		. **	Tan and the same of the same o	-
1.0mtermzeu contributions and Receipts-330.	oo or ress her countriontor		<u></u>		
	Total for the reporting period	(1)	\$	4755.00	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)					
Contributions Received from Political Committe	ees (Part A)		\$	- 0 -	
All Other Contributions (Part B)			\$	1900.00	
	Total for the reporting period	(2)	\$	1900.00	
3. Contributions Over \$250.00 (From Part C ar	nd Part D)				
Contributions Received from Political Committee	ees (Part C)		\$	-0-	
All Other Contributions (Part D)			\$	5100.00	
	Total for the reporting period	(3)	\$	5100.00 5100.00	
4. Other Receipts-Refunds, Interest Earned, R	eturned Checks, ETC. (From Part E)			
	Total for the reporting period	(4)	\$	11,755.00	
Total Monetary Contributions and Receipts dur enter amount totals from Boxes 1, 2, 3 and 4; a Cover Page, Item B)			\$		

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

20/70040					
				Amount	
Full Name of Contributing Committee				\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address	,		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		,	Date [MM/DD/YYYY]	\$	
House # Street Address		,	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$.	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer Identification Number:

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: 20170040		
Full Name of Contributor Marilyn Kissner	Date [MM/DD/YYYY] \$	1,-2, 10
480 (256 480 12 to 15 12 480 12)	09//8/20/> Date [MM/DD/YYYY] \$	150.00
House # 225 Street Address PINERIDGE D7	Date [wilw/DD/1111]	
City Lehigton State A Zip Code 18235	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Mark Dombrow Ski	09/13/2017	100.00
House # 4361 Street Address (UDPEN Rd	Date [MM/DD/YYYY] \$	
City Erie State la Zip Code /65/0	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	100 00
James Delalma	08/07/2017	100.00
House # Street Address	Date [MM/DD/YYYY] \$	
537 Shenley		
Shenley City Ene State Pa 2ip Code 16505	Date [MM/DD/YYYY] \$	V .
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Terry Davley	09/13/2017	200.00
House # 1/053 Street Address Fire-thorn	Date [MM/DD/YYYY] \$	
City Wattsburg State Pa Zip Code 16442	Date [MM/DD/YYYY] \$	i i
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Louis Arecovio	09/13/2017	32000
House # 3927 Street Address VISta D	Date [MM/DD/YYYY] \$	
City State Pa Zip Code (657)6	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
D.F. Kacprowicz	09/13/2017	100.00
House # Street Address PO BOX 8267	Date [MM/DD/YYYY] \$	
City Ene State Pa Zip Code 16505	Date [MM/DD/YYYY] \$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Fier identification Number:

Filer (Ventification Number:	0170040		
	on Habursky	Date (MM/DD/MM) \$	/00.00
	E. Lake Rol	pate (MM/DD/XXVVI) \$	
Gity Erie	State 2 21p Code 1 4 5 9 1	Date (MM/DD/XYXY) \$	
	ephen Bukowski	09/13/20/7	/00.CU
House # 2819 Street Address	Evanston	Date (MM/DD/YYYY) \$	
Glby. Eucl	State Pa Zip Gode 16 SUL	Date IMM/PD/MMM	
Full Name of Contributor	d Grassi	Date[MM/DD/MMY] 5	/00.CD
House # 310) Street Address	El CORTO WAY	Date [MM/DD/MM] \$	
City Ence	State Pr Zip.Code 16.06	Date [MM/DD/XXXX] \$	
Full Name of Contributor	tephen Gutting	Date [MM/DD/AYYM] \$	100.00
House # Street Address	PO By 8267	Date [MM/DD/YYYY] S	State of the state
Erie Erie	State Pa Zip Code 1650		M
Full-Name of Contributor	arrington Smith	10/02/2017	100.00
House # Street Address	W. Sterre Hana	Date [MM/DD/YYYY] \$	
Grand	State Zip Code 16417	pvine	66
Full Name of Contributor	ohn lupo	10 /03/20/7	100.00
House # Street Address	Ciberty St	Date (MM/DD/YYYY) \$	54 54
city Em	State Pa Zip Gode 1650	9 Date [MM/DD/WYY] \$	**************************************

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Wentification	Number:	20170	040		
Full Name of Co	Dai	niel	Spizarny	Date [MM/DD/XYYY] \$	200.00
House #	Street Address	Ellin	<u></u>	Date [MM/DD/YYYY] \$	
City	Erre	State	21p Code 1650 k		
Full Name of Co	KA	AY M	assing	10/06/07	200.00
House # 39	Street Address	Wood	St	Date [MM/DD/YYYY]	
City	Eue	State	21p.Code 165	1997	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	<u></u>
House #	Street Address			Date [MM/DD/YYYY] \$	
City	[18.98 25. J. J. S. S. S. S.	State	Zip Code	Date [MM/DD/XXXX] S	
Full Name of Co	intributor	December 1997.	The state of the s	Date (MM/bD/YYYY)	
House#	Street Address			Date [MM/DD/YYYY]	
Gly	arrages (to strong	State	ZIp Code		
Full Name of Co	pritributor			Date [MM/DD/YYXY]	
House#	Street Address			Date [MM/DD/YYYY]	
City	[1/18/19/04/15 158/1]	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of G	ontributor	process and secondary		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	6점 5명 4대 101 101
City		State	Zip Code	Date [MM/DD/YYYY]	
		20 A	and the state of the state of	ře	3330

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification			7004 <u>0</u>		
Terril Nilamina	et. 103/4 5			Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	nmittee			Pare liminit pol 11 [[]	1. ****
House #	Street Address	s		Date [MM/DD/YYYY]	-\$.
		설 			
City		State	Zip Code	Date [MM/DD/YYYY]	**************************************
Full Name of	granisani			Date [MM/DD/YYYY]	
Contributing Cor	mmittee			<u> </u>	
House #	Street Addres	is .		Date [MM/DD/YYYY]	<u>486 </u>
					186. 1878 188-
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	ga kaleki i	177.克金、第1	11 Sec. 11 Sec. 11	Date [MM/DD/YYYY]	
Contributing Co	mmittee				
House #	Street Addres	is		Date [MM/DD/YYYY]	S .
		Proceedings	Wag 2, p = 21, 11 of 1	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date (IMIM/DD/XYYY)	
Full Name of		p. 10.20 <u>2,15.54</u>	process per setti sell	Date [MM/DD/YYYY]	\$
Contributing Co					- A
House #	Street Addres			Date [MM/DD/YYYY]	\$
Citý		State	Zip Code	Date [MM/DD/YYYY]	
				1,100	# 00 P 6 P P 6 P P 6 P P 7 P P P P
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	V&4 13 14 15 15 15 15 15 15 15
		yėl		Date [MM/DD/YYYY]	7 <u>.5</u>
House #	Street Addres	\$ [Sure flammanh (1711)	-
City	Project Control of the Control of th	State	Zip Codé	Date [MM/DD/YYYY]	S
	g , g an ii 1	The second secon		(Philase False at Femilian account)	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
House #	Street Addres	SS		Date [MM/DD/YYYY]	
	V	14 18 18 18 18	· · · · · · · · · · · · · · · · · · ·		\$r
City		State	Zip Code	Date [MM/DD/YYYY]	4 \$ 0
					19-10g . 19-10g .

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

	20170040		
		Sectional Inches	
Full Name of Contributor	Bert Morasky	Date [MM/DD/YYYY] \$	3000.00
Kol	3e7 7 7 107 63 7- y	06/08/2017	
House # Street Address	Stonegate Village &	Date [MM/DD/YYYY] \$	
8		売 る 長さ	
Columbus	State OH Zip Code 43212	Date [MM/DD/YYYY] \$	
Employer Name	Retired	Occupation Refined	4
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	1 - 1 - 1	Date [MM/DD/YYYY] \$	(7)
Cha	rles Weinderf	08/10/2017	500.00
House # 2 CC Street Address	Desired a An V	Date [MM/DD/YYYY] \$	
3554 Street Address	3554 AnneMare on		
City	State Pa Zip Code /6 576	Date [MM/DD/YYYY] \$	
Employer Name	1975年	Occupation (7- / / .
	ERIE Insurance	Jenior Jenior	Technologi
Employer Mailing Address / Principal Place of Business	100 Eve Ins Place		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	Toyce DaValle	09/13/2017	300.00
House # Street Address	Vista M	Date [MM/DD/YYYY] \$	
3925	<u> </u>		
City	State Zip Code (6506	Date [MM/DD/YYYY] \$	
کسک	16300	Occupation (
Employer Name		Home ma	Ce ₁
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	2 11	Date [MM/DD/YYYY] \$	200 00
	21c Hack welden	09/21/2017	300.00
House # Street Address	West Gore Rd	Date/[MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Eure	la 16509		
Employer Name	Sebald Hackwelder	Occupation Lawy	er
Employer Mailing Address / Principal Place of Business	2503 W.26 8t 165	,	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Mumber:	2017	040C		
Full Name of Contributor A House # Street Address 2949	Fraterna N. Front	l order offolice St	Date [MM/DD/YYYY] \$ 10/06/2017 Date [MM/DD/YYYY] \$	500.00
Gity. Harvisburg Employer Name	State Pa	Zip Gode /7110	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business				
Rull Name of contributor	Paul Ne	lson	Date [MM/0D/MY] \$	500.00
Frouse # Street Address	aul Ne linegat	C Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Employer Name	State Pa	16415	Occupation Ourse	7
	3100 W	ier Park Lahe Rd 16:		
Full Name of Contributor House # Street Address			Date [MM/DD/YYYY] \$	
Clisy	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	A STATE OF THE STA		Occupation	
Employer Mailing Address / Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Çity	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	
Employer Mailing Address / Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Filer Identification Num	20	170040		
<u> </u>		, , , , -		
Full Name		· ·		
House #	Street Address			
City	Her Challed St.	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	かか (45) (46) (2 ²⁾ (46) (47) (48) (47) (48) (47)	1997 19		
Full Name		·		
House #	Street Address			
		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	,		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1964 ()	MINERAL SAME	<u> </u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	20170040	-
	, , , , , , , , , , , , , , , , , , , ,	

Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	\$
				1.7 1.74 1.74
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution)n			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
				2014 1815 1817
	eet Address		Date [MM/DD/YYYY]	\$
				27 3 27 48 3 47
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	** ** ** ** ** ** ** ** ** ** ** *	Proc 18 10 10 10 10 10 10 10		- X/5 eff
Full Name of Contributor	1.35 Barrier (Carriera et al. 1)		Date [MM/DD/YYYY]	\$.
House # Stro	eet Address		Date [MM/DD/YYYY]	<u>```</u>
City	State	Zip Code	Date [MM/DD/YYYY]	3.0 \$.
				#*. 26 3 - 3 - 3
Description of Contribution	on and the second	180 W. 1 4-97 S		5-01-4
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Str	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	ः। (\$ ः)
			The second secon	
Description of Contribution		with the grant of the state of		
Full Name of Contributor	10		Date [MM/DD/YYYY]	\$
				(1) 15 설계회
House # Str	eet Address	-	Date [MM/DD/YYYY]	**************************************
				1842 1843 1845
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				(8) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Description of Contribution	on and a second			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	(>	
	2017 <i>0</i> 040	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Full Name of Contributor			Date [MM/DD/YYYY] \$
	A		
1,7887 12 13 3 3 3 3	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addres Place of Business	s / Principal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
			[w.]
House # Str	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		The services of the T	Occupation
Employer Mailing Addres	s / Principal		Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Str	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		100-08/2003-2003-0 d ↓	Occupation
Employer Mailing Addres Place of Business	ss / Principal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Str	eet Address		Date [MM/DD/YYYY] \$
Citý	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addre	ss / Principal		Description of
riace of pusiness			Contribution -

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	201700	140	
1 UNITEMIZED IN-KIND CONTR	BUTIONS RECEIVED-VAL	E OF \$50:00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	DO (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)			

Filer Identification Number:	701=:0:10	
- [조막하다] - [조토리 A. 1 [조미]	20170040	
	9 11 100 10	

To Whom Paid		// C)	1	Date [MM/DD/YYYY] \$	-00 (16)
	West Co	ake Fire D	ept	06/06/2017	100.00
House #	Street Address	1110-1-1	P I	Description of Expenditure	
376	3	West cal	re ha	60/4 SPONSO	
City Su	L	State / C	code (650)	# 529	
To Whom Paid		11 i i		Date [MM/DD/YYYY] \$	(1)
		Mem. Lodge	#48	06/09/17	100.00
House # / / / / / (く	Street Address	Edinbon	ro Al	Description of Expenditure	OP
City Ed	linboro	State Pa	Zip Code 16412	UF 530	
To Whom Paid	(0.0.5)	11 - 11	11 0015 016	Date [MM/DD/YYYY] \$	(1) (1) (1)
		Il Footba	/ GOOD GOH	06/09/17	100.00
House # 3580	Street Address	West 38"	Tournament	Description of Expenditure Hole Hole ho	enert-Sporsa
City	بنا	State Pa	Zip (6 50 %	#531	
To Whom Paid		<u> </u>	,	Date [MM/DD/YYYY] \$	7
	Ene	Co. Court	/touse	07/05/2017	35.00
House # 140	Street Address	W-64		Description of Expenditure Super Vofe	rlist
City	nu	State	Zip (650/	# 532	
To Whom Paid		<u> </u>	Lead the Market	Date [MM/DD/YYYY] \$	
To Whom Paid		First Ste	P	Date [MM/DD/YYYY] \$	100.00
To Whom Paid House #		First Ste 20 BM 93	P 72	Description of Expenditure	100.00
House #	Lucy's	A /		Description of Expenditure	
House #	Street Address	9 BA 93	72	Description of Expenditure	onso .
House #	Street Address	9 BA 93	72	Description of Expenditure	
House #	Street Address	9 BM 93 State Pa Mendment	72	Description of Expenditure	000500 84.00
House # City To Whom Paid	Street Address FIST A	9 BM 93 State Pa Mendment	7) Zip	Description of Expenditure	000500 84.00
House # City To Whom Paid House # []	Street Address FILST Street Address	State Pa Mendment West 9 State Pa	7) Zip 16 SU 5 T S	Description of Expenditure	00050C
House #	Street Address FIST A Street Address	State Pa Mendment West 9 State Pa	72 Zip Code 1650/ Zip Code 1650/	Description of Expenditure	000500 84.00
House # City To Whom Paid House # I 7 City To Whom Paid	Street Address Street Address Street Address	State Pa Mendment West 9 State Pa Football	7) Zip 16 SU 5 T S	Description of Expenditure Solution Sol	200.00
House # City To Whom Paid House # (City) City To Whom Paid	Street Address Street Address Street Address	State Pa Mendment West 9 State Pa Football	72 Zip	Description of Expenditure Solution Sol	200.00 m Ad
House # City E To Whom Paid House # I 7 City To Whom Paid House # 3580	Street Address FIRST A Street Address Street Address Street Address	State Pa Mendment West 9 State Pa Football West 38	72 Zip Code 1650/ Basters	Description of Expenditure Solution Sol	200.00 m Ad
House # City To Whom Paid House # I To Whom Paid House # 3580	Street Address FIRST A Street Address Street Address Street Address	State Pa Mendment West 9 State Pa Football West 38	72 Zip	Description of Expenditure Solution Sol	200.00 m Ad
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House # City E To Whom Paid House # City House # To Whom Paid House # To Whom Paid	Street Address FIRST A Street Address Street Address Street Address	State Pa Mendment West 9 State Pa Football West 38 State Pa Lele Band	72 Zip	Description of Expenditure Color State	200.00 200.00 m Ad 35 100.00
House # City To Whom Paid House # I	Street Address FIRST A Street Address Street Address Mc Double Mc Double Mc Double Mc Double	State Pa Mendment West 9 State Pa Football West 38	72 Zip	Description of Expenditure Solution Solution	200.00 200.00 m Ad 35 100.00

File: Identification Number: 20170040	

To Whom Paid MYAA	Golf	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	150.00
House # 2614 Street Address	Colonial			Description of Expenditure	1500
Erre _	State /	Zip Code	6506	# 53	7
To Whom Paid MYAA	Golf			07/24/2017	90.00
House# よい Street Address (Colonial			Description of Expenditure	ō∪rnamest:
City	State Pa	Zijo Cade	(6506	# 53	
Tewnom Paid Gannow	n Wrestli	N.		07/26/2017	125.00
House # 109 Street Address	niversity	Squa	ી	Description of Expenditure	MONSON_
City Erie	State Pa	Zip /) Code	6501	#	539
Gannot	1 Wrestlin	-(10ate MM/00/MYV)	85.00
House # 109 Street Address	University	Squ	nl	Description of Expenditure	manut :
Ein	State	Zip // Code	16501		£540
TOWNOM Paid Red.	DOOR			07/27/2017	244.70
House # 34 Street Address	West 9th			Description of Expenditure デント	r/ts
Eu	State for	Zip Code	16501	#541	
To.Whom Paid De Sant	tis Signs			07 31 201)	1346.73
House # 50 Street Address	(1) 1842				
City	W-18"			Description of Expenditure	15
EML _	State Pa	Zip Gode	(65)2	S 15 r # 54	
To Whom Paid Mc Dou	State Pa	Code	(65)2	SIS r # 54 Date [MM/DD/YYYY] \$ 0 8/04/2017	1 25.00
To Whom Paid MCDO(House # 3580 Street Address	state Pu well We west 38	SHIM	3	SIS Y F SU Date [MM/DD/YYYY] \$	7 125.00
To Whom Paid M Dol	state Pa	Code	(65)2 3 16506	Date [MM/DD/YYYY] \$ 0 8/04/20/7 Description of Expenditure // Oxfand # 54	7 125.00 ad
To Whom Paid House # 3580 Street Address City To Whom Paid	State Pa well We West 38 State Pa	SHIN	3	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	7 125.00 ad
To Whom Paid M Dol House # 3580 Street Address	State Pa well We West 38 State Pa	SHIN Yn Zip Code	3	Date [MM/DD/YYYY] \$ 0 8/04/20/7 Description of Expenditure // Syland # 54 Date [MM/DD/YYYY] \$	7 1 25.00 201 3 100.00

		
Filer Identification Number:	20170040	

To Whom Paid Point Congress	Date [MM/DD/YYYY] 5 774. 86
House: 498 Street Address Pacific ave	O8 / 23/20/ 1/7. Gescription of Experiditure
City State Pa Code 16506	4515
	BDate [MM/DD/MYY] 5
McDavell Agratics House # 200 Street Address 28h	Description of Expenditure
3580 West 30'	programad
City Evil State for Code 6506	#546
Check Reorden - FNB	09/27/2017 16.00
House # 3310 Street Address West 2647	Description of Expenditure
City Euro State Pa Code 16 DL	New Checks
To:Whom Pald Millcreck ZONING	09/28/2017 270.00
House # 3608 Street Address West 26 # 100	Description of Expenditure Sign Armut
City Erue State Pa Zip (6 50%	# 547
Milliane Youing	09/28/2017 10.00
House # 3608 Street Address West 26" St #100	Description of Expenditure Sign Rimt
City Eur State Par Code 16506	F548
TOWNOM Paid Lowes	Date [MM/DD/1111] \$ 36.78
House # 2305 Street Address as bury Rd	Description of Expenditure SISN PUST
City State Pa Zip Code 16506	# 549
To Whom Paid Lours	0 9/28/2017 77.9/
House # 2365 Street Address Cabuvy	Description of Expenditure SISN PUSA
City Evel State la Zip Gode (6006	# 550
Sharper Iwage	Date [MM/DD/\\\] \$ /80.20
House # Street Address	Description of Expenditure Magnetic Signs
1005 Shenk are	

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Filer Identification Number:	20170065				
Service Control of the Control of th					
And the contribution of th	1 100 - 4	 	 		

Te Whom Paid	0011	. / ->			Pate (MM/DD/MM)	110.00
		el Zonia	UG-		10/09/2017	40.00
3608	Street Address	West 2641	# 100	0	Description of Expenditure	rmits.
City &	ú_	State	Zip Code (6506	# 55	57
To Whom Paid		100			Date (MM/DD/MM) S	
		ues_	····		(0/9/2017	71-26
House # 2305	Street Address	asbury	_		Description of Expenditure Sign	puds :
City S	ue	State	Zip Code	(6506	#553	
To Whom Paid	PAND	al Bank	fees		10/09/20/)	17.45
House # 5422	Street Address	Stevilla	thia	د ــــــــــــــــــــــــــــــــــــ	Description of Expenditure	
City		State &	Zip Code	10506	e de la regiona de la regione de la regi	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
io Whom Pald	The In	n at the	(olony		Date (MM/DD/MYV) 5.	613.00
House #	Street Address	. I Dala	-, 		Description of Expenditure	Property of the second second
2670		State 7)	- This is a			were Venue
City	ئى	Pa	Code	6505	# 55	7
fo Whom Pald	US Pas	t office			Date (MM/DD/YYY) 5	225.00
House # 2108	Street Address	E. 38h			Description of Expenditure	Rennit
City	e	State Pr	Zip Code	6570	岸5	55
To Whom Paid				<u>,</u>	Date (MM/DD/YYY) \$	
House #	Street Address	<u> </u>		-	Description of Expenditure	
City	<u> </u>	State	Zip Code			
To Whom Paid		Proceedings and		<u></u>	Date [MIN/DD/YYYY] \$	read to
House #	Street Address			<u> </u>	Description of Expenditure	
Frouse #	Street Address				A CONTRACTOR OF THE SECOND SEC	
City		State	Zip Code			
To Whom Paid					Date [MIMI/DD/XXXX]	
House:#	Street Address		<u> </u>		Description of Expenditure	
City	· · ·	State	Zip	_	en i jarren aller ett state et	
			Cotle			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

House # 5422 Street Address Sterre Hama DATE DEBT INCURRED \$ 28.53	Filer Identification Numi		20170	2040			-	
House # State Address Street Address DATE DEST INCURRED (MM/DD/YYYY) City State DATE DEST INCURRED (MM/DD/YYYY) State DATE DEST INCURRED (MM/DD/YYYYY)	Name of Creditor	Prof. Sect.	Inc	for For La	· WM a			Outstanding Balance of Debt
Description of Debt Street Address DATE DEBT INCURRED Description of Debt	House #	\$4.73 h				[MM/DD/\ 	CURRED MYY]	<u> </u>
Name of Creditor Lester Fetterman Countries Street Address State Stat	Description of Debt				0			な
City State State Address DATE DEBT INCURRED MM/DD/YYYY State Zip Code City City State Zip Code City City Code City State Zip Code Description of Debt Code Name of Creditor Code Code Code Code Name of Creditor Code Code Code Code Code Code City Code		4 (일) 기타 (기타)	Waln	rout porce	hase -			Outstanding Ralance of Dake
City State State Address DATE DEBT INCURRED MM/DD/YYYY State Zip Code City City State Zip Code City City Code City State Zip Code Description of Debt Code Name of Creditor Code Code Code Code Name of Creditor Code Code Code Code Code Code City Code			Less	ter Fet	terma	SONATE DENTAL		<u> 전한 10년 등 중 한 2 15만 15인 보호 12</u>
Name of Creditor Street Address DATE DEBT INCURRED Street Address DATE DATE DEBT INCURRED Street Address DATE DATE DATE DATE DATE DAT	5422	1.20 2.20 20.00	Address S	terrett		/) / /Zip	/ 7	[취
Name of Creditor Street Address DATE DEBT INCURRED [MM/D/YYYY] State Zip Code	Description of Debt		Gerla	chs / /	nill reex	noner	/ wal-	mont
State Zip Code Code	Name of Creditor	STATE OF THE STATE		/	, ,			
Description of Debt Name of Creditor House # Street Address Street Address Street Ad		Street A	Address		State	[MM/DD/		\$
Name of Creditor Street Address DATE DEBT INCURRED S [MM/DD/YYYY] State Zip Code					state s	Links to a		320
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Description of Debt							
City State Zip Code	Name of Creditor							据自即的基础。到一个自己的发生自由
Code Code Code		Street	Address			[MM/DD/	N. 61864 - N. 61866 1	
Name of Creditor House # Street Address DATE DEBT INCURRED S					State	a defendance	1	
House # Street Address DATE DEBT INCURRED \$ [MM/DD/YYYY] \$	Description of Debt							
City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address [MM/DD/YYYY] City State Zip Code City State Zip Code	Name of Creditor			···			-	Outstanding Balance of Debt
Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address	House #	Street	Address					\$
Description of Debt Outstanding Balance of Debt	City		gigarde area de <u> </u>	.,,	State			
House # Street Address DATE DEBT INCURRED S [MIM/DD/YYYY] City State Zip Code	Description of Debt				<u> 1,50 % % % % % % % % % % % % % % % % % % %</u>			
City State Zip Code	Name of Creditor							Outstanding Balance of Debt
Code	House #	Street	Address			 ■ 28 (1) * (28 %) * (27 %) * (28 %) * (28 %) 	CONTRACTOR AND A SECOND	\$
			ez : 5 - 60 2		State			